



HCBS STRATEGIES, INC.

Improving Home and Community Based Systems

www.hcbs.info 410-366-HCBS (4227)

info@hcbs.info

Stakeholder Meeting 1: Review of PS and IS Pilots and Incorporation of the SIS into the Assessment Process

8.12.15

In-person

Note

Andrew Cieslinski

Attendees

Tim Cortez, Brittani Trujillo, Kelly Wilson, Chandra Matthews, Charlene Willey, Dyann Walt, Sarah Avrin, Liz Phar, Gary Montrose, Laurie Woods, Delaine Dunning, David Bolin, Jose Torres-Vega, Aileen McGinley, Amanda Lightiser, Daniel Holzer, Deanne Major, Janine Pearce-Vasquez, Julie Reiskin, Renee Hazelwood

Overview

- Information already summarized in the presentation is not repeated in the notes. The notes primarily capture stakeholders' feedback and input.

Intake Screen Pilot Presentation

- Andrew Cieslinski presented a high level summary of the Intake Screen pilot, which included the data that was collected, staff feedback, recommendations, conclusions, and next steps. Stakeholders provided additional input, which is described below.
- During the pilot focus group, staff (meaning local workers that participated in the pilot) said that they did not think that the referral point "Independent Advocacy Group" would be utilized enough to keep it within the referral list. Staff stated that they could use the "Other" option if they were going to provide a referral to an advocacy agency so that they could document the specific agency.
 - Advocate representatives argued that this item should remain listed as a referral point, as it would serve as a trigger reminder for staff to identify individuals who may need advocacy services.
 - There were three options to deal with this that were proposed:
 - Keep in Independent Advocacy Organization and provide an open blank to specify the agency.
 - List out all advocacy groups.
 - Build automation for IS to be able to have the referral options tailored to the advocacy organizations in the participant's geographic location.
 - The group did not want to list out all advocacy groups, as that would be too burdensome.
 - Jose Torres-Vega liked the automation option, and Steve Lutzky said that this will be included in the Operational Specifications that the Department will be providing to the vendor that will be automating this tool.
 - For now, the decision was made to leave in Advocacy Organization and provide an open blank to document the agency.

Meeting Minutes

- Julie Reiskin voiced concern that there was not a focus group or follow-up conducted with participants after they completed the Intake Screen.
 - Steve Lutzky said that because this was just an initial screening call, it was difficult to have participants provide feedback because many did not have anything to compare it to.
 - The group accepted the proposal to obtain this feedback through advocates by having advocates work with case managers to complete Intake Screens and provide feedback. It was stated the advocates have more knowledge of the system and may have a better understanding for the context of the questions.
 - Julie Reiskin will send a list of advocates and the Department will help coordinate.
- The group did not have any additional feedback or concerns outside of these two points.

Personal Story Pilot Presentation

- Shirley York provided an overview of the Personal Story pilot.
- The group did not have any additional feedback or concerns around the pilot.

Incorporation of the SIS into the LTSS Assessment

- Steve Lutzky provided an overview of two options to incorporate information obtained during the SIS into the LTSS assessment. The proposed options included 1) having the SIS assessor complete the coding of a subset of Assessment Tool items for items in common between the SIS and the new Assessment Tool; and/or 2) have information collected during the SIS documented and sent to the staff person who will conduct the comprehensive assessment using the new Assessment Tool. HCBS Strategies is developing a crosswalk of similar items to provide guidance for adopting either option. Steve Lutzky provided examples of how this might work:
 - Note: Because the SIS and LTSS assessment are housed in separate systems, they are not able to talk with one another and it would be difficult and expensive to auto-populate between the two.
 - As part of this process, the SIS assessor will complete the items in the assessment that are flagged as sharing common elements with the LTSS assessment. The SIS assessor would then provide the LTSS assessor (if different than the SIS assessor) with this information and SIS notes.
 - LTSS assessor will review the SIS scoring and notes prior to conducting the assessment
 - Sarah Avrin said that this information is currently being shared between SIS assessors and assessor conducting the ULTC 100.2
 - Lori Williams proposed developing a separate sheet for entering notes, as SIS assessors are currently writing small notes in the margins of the scoring tool. This tool would include larger note spaces and additional items the assessor may need answered to complete the LTSS items.

Comments from the stakeholder group are summarized below:

- The stakeholder group recommended **not** using the option to have SIS assessors code any of the items in the new Assessment Tool.
- Charlene Willey expressed concern that the SIS may provide inaccurate data or may not collect sufficient information to adequately inform the LTSS assessment, and that this process may heavily rely on the assessors judgement and subjective interpretation.

Meeting Minutes

- There was also a concern that this process of using the SIS to inform LTSS assessment items is going to be more time consuming than it's worth for the information that will be obtained.
 - Charlene Willey said that it seemed as if the items were being forced to interact with one another, and that they did not match up in a sensible way.
- Tim Cortez reiterated that while the SIS may not be around forever, it does serve a core purpose around appropriately allocating resources and establishing support levels. There is not currently an alternate mechanism to establish resource allocation and budgets, and the SIS cannot just be abandoned because of this.
- There was a split between the advocacy representatives not wanting to use the SIS to inform the assessment at all, and the CCBs proposed to continue to use the information/notes because it is valuable information.
 - The advocacy representatives were concerned that the SIS may negatively influence the person-centered process that provides individuals opportunities to discuss strengths and needs within the LTSS assessment. They said that advocates and clients are taught to emphasize the deficits in the SIS to obtain a better support level. If the client is being honest about support needs during the LTSS assessment, this information may conflict with what is in the SIS, which may create the need to go back and redo the SIS with the assessment information.
 - Renee Hazelwood and other CCB representatives said that it would be useful to have some responses to items that are duplicative between the tools (e.g., eating, tube feeding, etc.) so that individuals do not have to have to repeat responses.
 - Other CCB representatives felt that the SIS should be treated as a piece of health information similar to what would be obtained through a health record or proxy; it can be a good reference piece, but additional follow-up will need to occur.
 - The Department staff are now aware of this split decision and will have internal discussions regarding how to proceed.